The MEDICAL MISSIONARY

"Become a Medical Missionary!"
"I never thought of it before."

Vol. II. NOVEMBER, 1928 No. 2

THE PROGRESSIVE WOMEN OF JAPAN

THE advance of the times and contact with the western world have affected life in Japan in many ways, but most strikingly so in the social position and status of women. Until recently their world was confined to their families and their position bordered on slavery in a broad sense.

The first public movement by Japanese women ever made in any public cause received its impetus from the Russo-Japanese war, when the organization of the Women's Patriotic Association in 1907 came into being. Its members exceed now 1,500,000. By degrees more and more women's organizations came into existence, so that now there are about 43, not counting the branch establishments of each.

An interesting, but quite natural phase of the Japanese women's movement is that at first it was confined to purely social activities such as the protection of children, rescue of the helpless, relief of the bereaved families of the soldiers killed in the war. But gradually the movement assumed a peculiar political color, with a bold departure toward women's emancipation. The achievement of it is necessarily a slow process, but the women's efforts have already attained some results. They practically succeeded in certain legal matters of moral importance, and in many cities and towns in the country they are entitled to membership of various administrative boards. For instance, in Osaka a woman has recently been appointed head of the Osaka Public Intelligence Office.

In the realm of social work they obtained from the Muslim Tokyo Company the freedom of the factory girls to go out of their workshops at any time they want. Hitherto the girls had to lead practically an imprisoned life for the time stipulated. Other factories will follow the example in the near future. The general shipping companies have come to recognize the eligibility of women to captainships. One woman was already appointed as a ship's captain. In the educational field they persuaded the Government to devote a sum of yen 350,000 next year for the creation of the first Government Higher Technical School for women. A private women's college, called Bunka Gakuin, offers to well-educated girls a three year's course in economics. Degrees also have already been conferred on a few women.

With all this hard-worked-for and well-earned success, the women's movement has gained momentum and the women are determined to continue their efforts to accomplish still more in the social and political field.

Subjects on their program are exclusion of geisha girls from public assemblies of any kind, protection of women workers and juveniles, a stricter temperance act, enfranchisement of women, revision of the legal code to entitle women to the right of sharing the privilege of inheriting parents' estates with their brothers, elevation of women's school status, also to encourage patriotic savings, suggesting to women and girl students to save one sen per day for six years to redeem the Empire's foreign debts. Apart from peace movements the women of Japan take an active interest in various international conferences, and are always anxious to send delegates whenever subjects of their own interest are to be discussed at such meetings. For a better attainment of their aims the various associations are aiming at closer cooperation. The proposed shake-hand between the Proletarian Women's League and the Women's Suffrage Union for their common aim of acquiring the right of voting is a concrete example. We are indebted to the *Young East,* Japan, for this interesting information.

The era of *Showa,* "Radiant Peace," is beginning with the formal enthronement of the new Emperor during the month of November. If the era lives up to its name, the ambitious and clever women of Japan will have ample scope to continue to weave harmony into the web of life of the land of the *Rising Sun.*

New Protestant Hospital in Japan

A new Protestant Hospital, to cost $2,500,000 is being erected at Tokyo. The project is indicative of the scale on which Protestant works of charity are undertaken in mission lands. The existing hospital, which is to be replaced by the new structure, has a staff of 38 physicians and a total personnel of 272. It has 200 beds and a dispensary service of 15 major departments prepared to care for as many as four or five hundred patients a day. In addition there is a department for public health work, cooperating with the municipality in a maternity ward and a department for foundlings. There is a school of nursing recognized by the Ministry of Education. The new hospital will contain 250 beds and will possess a greatly amplified dispensary service. There will be a thoroughly up-to-date school of nursing for the training of 150 women. Government representatives have taken an active interest in the project. Some years ago a gift of 50,000 yen ($25,000) was received from the Imperial family of Japan. At the breaking of the ground the American Embassy, the Consulate General, and the Tokyo Municipality were represented, while notable figures of the Japanese nobility were among the 200 distinguished guests.—*Bombay Examiner.*

The MEDICAL MISSIONARY

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EDITORIAL

TOPICS FOR THANKSGIVING

Faith

IN the month of November, when nature has almost divested herself of her multi-colored evening gown and when the bleakness and cold of winter are beginning to make themselves felt, Holy Mother Church very fittingly reminds us of our last end, but in a very cheerful way. She first makes us celebrate the Feast of All Saints, rejoicing with them and giving us hope of being in their company after our time of trial; and then consoles us in the grief we feel at the loss of our departed relatives and friends by making it possible for us to speed their way by prayers to the goal of their one and only desire: the Beatific Vision.

Reflecting on the reward of the Saints and the merciful institution of purgatory, we cannot help but consider ourselves fortunate to be among those who have definite and revealed knowledge about the future life—surely a great reason for thanking God to be spared the agony of doubt, or the thought that all is ended with death, or to have to look forward to an almost endless chain of transmigrations of the soul as the Hindus do. We can never thank God enough for the *gift of Faith.*

Health

Health is a precious gift which should be gratefully cherished and preserved. How many squander it, depriving themselves of proper food, sufficient sleep and exercise, and whip their nerves to exhaustion. How few take the advice of the medical profession and undergo a yearly medical examination to take stock of the physical wear and tear in order to be able to repair it in time. This yearly medical examination, so highly recommended and so logical when compared with our attitude toward other important duties which require periodical revision, does not spell a cult of the body, but shows the good will to serve God and man with a sound mind in a healthy body.

In our day and age, in countries where a Christian civilization prevails, education, public sanitation and hygiene help communities and individuals to preserve their health; sickness also is not left to chance. Charity, philanthropy and money make medical aid accessible to all. By many this is taken for granted, without any special thought of appreciation. The value of living in such favored surroundings where our health is taken care of by public health officers whom we hardly ever see and where we have doctors and nurses at our beck and call, can probably never be fully brought home to those who never come into actual contact with conditions such as exist in the Far East. In India, for instance, since 1910 six millions of people have died of plague. According to the Official Indian Yearbook of 1924, deaths due to cholera totaled 450,608, those of smallpox 40,446, and those of fevers 4,761,237 in that year. Lepers number between half a million and a million. There are about 400,000 blind persons and a much greater number suffer from partial blindness. In a country of 320 millions of people, where only 5 percent are literate and where people cling tenaciously to good and bad old customs, education is necessarily of the nature of a slow evolution. In the meantime much pain and much economic loss, much apathy toward progress result. People who are riddled with malaria and underfed have not much ambition for themselves or their country.

Only reflection and comparison lead to a realization that a great deal of individual prosperity and that of a country is brought about by prevention of disease and care of the sick and disabled. There are three classes of people: The thoughtless, who take everything for granted; those who value their faith and their health; and those who prove their appreciation by helping those less fortunate than themselves in soul and body. For these latter *the League of Gratitude,* affiliated with our Society and approved by His Grace, Most Rev. Michael J. Curley, offers an opportunity. It was inspired solely and entirely by a great desire to further the honor and glory of God by making Him known and loved by more people and to be able to bring the advantages of modern medical science for the relief of suffering to those who are not yet able to help themselves.

N. B.—All donations are acknowledged by a personal letter. As we cannot do the same with anonymous gifts, we do it through the magazine: $1.00 from a stenographer, $1.00 from Pittsburgh, $5.00 from Cleveland, $5.00 from Warrenburg, $5.00 from Baltimore, $2.00 in thanksgiving to St. Jude for favor received, 50 cents from Newport, Ky., and $1,000 through Rev. R. S. Cartwright, C. S. P.

We assure our Benefactors that we are very grateful to them all for making it possible for us to carry on the Medical Apostolate.

THE MAKING OF A MISSION NURSE

By Bessie Coombs, R. N.

THE Mission Nurse's vocation being a double one—it is perhaps best to consider first *the making of a nurse* and to deal in a subsequent article with the specific spiritual and missionary training required and the great opportunities offered to carry her profession in an apostolic spirit to foreign mission fields.

An adequate description of this wonderful course of training in one short article! Impossible! The following is merely a brief outline, showing the reader how in this professional training are sown the seeds of persevering self-sacrifice which is so essential in the mission field. The result of this training is not only to supply skillful nurses, but also women of strengthened character, capable of ministering to the sick under any circumstances.

Why One Takes Up Nursing
A Favorite Question Answered

"Whatever on earth possessed you to take up nursing?" She might answer: "Nothing on earth." More usually, however, with an air of peculiar shyness she replies in the defensive: "Why not? It is surely a good profession, honorable, and affording many opportunities," and the like. But in her heart of hearts, she seeks a profession wherein she knows she will be doing something worth while. This is surely a great motive, a high ideal, which must be acceptable to Him who knows the secret intentions and desires of our hearts.

The Choice of a Training School

The would be nurse unconsciously led by the spirit of charity, with a good heart and a readiness for sacrifice, proceeds to make application for admittance into a recognized training school.

Surmounting Preliminary Difficulties

I may mention here, that at this stage she has to overcome the many obstacles placed in her way by relatives and friends who seldom encourage her to step into such a strenuous, responsible life. Few nurses will disagree with me on this point and many will remember the gigantic efforts they had to make to attain their aim. Does one presume too much to imagine that God will give a special blessing to the parents who smooth the path of those who appear to have a real desire to share in this work of love and mercy of attending the sick?

The Period of Probation

Our friend now enters the training school of her choice, and for a period of a few months is initiated into the hospital discipline, plan and order. Lectures on various subjects pertaining to her future work are attended, together with practical demonstration in nursing and first aid. At the end of this period, she passes with the successful candidates into wards, is given the cap and is now a junior nurse.

The Real Thing

Now she enters on serious work: the adaptation of herself to the various ward duties assigned to her. The best nurse in the world discovers very soon, much to her surprise, that she was actually not a little spoiled and she will not have to wait long for an occasion to call upon her store of self-sacrifice.

Quick service is required in hospital wards—happy, willing service, skillful and intelligent, and despite her endeavors things will not always go right. Scoldings are sometimes necessary. She thinks these humiliating at the time, but in later life she realizes that these were the sowing of the tiny seeds of humility—a priceless virtue in one's professional career. The patients, too, are not all angels, long-suffering as they may be. The members of the staff occasionally "get out of bed the wrong side." She perhaps is tired and weary and the glories of her vocation are somewhat lost to view. But these vexations do not discourage the genuine student; they help to strengthen determination and perseverance. She plods on—as cheerfully as possible. If she happens to be possessed of a humorous disposition, many irritating circumstances will be turned into comical ones. This is not only an asset to herself, but the patients and her fellow workers will benefit greatly thereby.

In the senior year she is called upon to assume many more responsible duties which bring her in close contact with all the departments of the hospital. The relatives and friends also have to be dealt with. Infinite tact and discretion are required. No time is wasted in relieving the anxious and comforting the desolate.

Skillful Nursing Brought Home to Her

Maybe one day she becomes ill herself. Not the least important part of her training will be this seemingly unfortunate incident. Rendered a helpless patient, she will learn important lessons of her art, the value of a gentle, quiet, tidy, punctual nurse, who can relieve her patient both of mental and physical pain. Our would-be nurse then learns to *feel* for her patients. These are the nurses to whom the patients respond, whose ease and recovery is a never-ending source of joy to them.

Studies Pursued

Practical work is not of itself sufficient in the training of an intelligent nurse, and in these

days of higher education great facilities are offered in our training schools.

Courses of lectures in the following subjects are given: Anatomy, physiology, hygiene, dietetics, chemistry, bacteriology, materia medica, obstetrics, surgical and medical nursing, pediatrics, laboratory technique, orthopedics, contagious diseases, special lectures on eye, ear, throat and nose nursing, also ethics and the history of nursing.

Examinations must be passed in all subjects.

Graduation Day

It needs no description. It speaks for itself. The radiant face of the graduate tells of the thrill when at last her hard-working efforts are crowned with success and she has attained her great desire.

State Registration

The graduate nurse descending to earth again after her temporarily elevated excitement, remembers with a sickly feeling the State examination! Not till this is over will she be a contented mortal. Then to her joy arrives the hoped for letter, bearing the good news that she has satisfied the State Board requirements and henceforth is entitled to the use of the distinguished letters of *R. N.*

Choice of Future Sphere of Work

Our graduate is young and energetic; most probably a popular figure. Various heads of different branches of the nursing profession may offer her work or suggest her adaptability to certain positions.

OUR TWO PIONEER NURSES

Her training school may likely desire her further services. She may choose now her life's work or be like many, undecided, and take an offer temporarily of some particular branch of work, gaining experience and more valuable knowledge. Sooner or later she will probably make a final decision as to the choice of her life's work.

How many think of the foreign missions? Countries crying out for medical help! Literally millions leading a life of misery and pain—helpless and ignorant because there is no one to bring relief and knowledge, while the trained Catholic Nurse is wondering how to make the best of her training.

Charity has inspired her so far, why not a little farther? In such a Society as that of the Catholic Medical Missionaries she is offered an opportunity and protection in foreign lands which as an individual would not be accessible to her. And glorious privilege! Just through her profession she can become a forerunner of the gospel into homes and hearts secluded from the priest, and through baptism open the gates of paradise to the dying, infants as well as adults.

Does not this attract her attention? She may or may not have considered foreign mission work, but with the organization of this Society, which requires professional work in her own sphere, would it not be well for her to think over this opportunity to serve for the pure love of God the doubly afflicted people in the missions, who are not only exposed to many diseases and much preventable suffering, but who are also still ignorant of the consoling truth of our Holy Religion.

A DELIBERATE PURPOSE IN LIFE

Any dead fish can float down stream, but it takes a live fish to swim up stream. Your purpose, your firm determination to succeed in whatever you undertake, will help to carry you up stream, no matter how strong the current or what obstacles may oppose you. If you have no purpose, if your determination is weak, wavering like a dead fish, you will float down stream with multitudes of other human derelicts who haven't enough vim or will power to force their way up to success.

It does not matter how much ability you have; if you lack that power of resolution, which knows no surrender, which fixes on its goal and never turns back, you will not likely achieve anything that is worth while, anything that is distinctive.

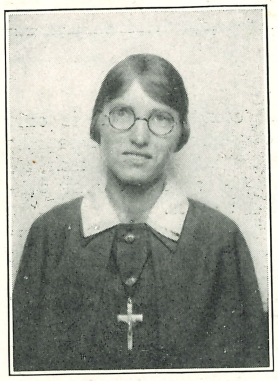
In this day of sharp, close competition, it is only those who fling the weight of their whole lives into their vocation who usually succeed in any marked, individual way. Too half-hearted or indifferent purpose produces only half-hearted results.

Some people have not the moral courage, the persistence, the force of character to get the things out of the way which stand between them and their ambitions. They allow themselves to be pushed this way and that way into things for which they have no fitness or taste. They haven't strengthened their backbone, their will power sufficiently to enable them to fight their way to their goal. In fact, they have no goal, no definite purpose in view, and they get nowhere.—C. T. L.

THE SOCIETY AT HOME AND ABROAD

MORE providentially than purposely, several important events of our Society occurred on days specially connected with the new patroness of missionaries—the Little Flower. On May 17, 1925, the Constitutions of the Society were completed to be submitted to His Grace, Most Rev. Michael J. Curley, Archbishop of Baltimore. On September 30, 1925, the anniversary of her entrance into Heaven, the Society was canonically established, and recently, on October 3d, her feast, three candidates made their Solemn Promise to live according to the evangelical counsels and the Constitutions of the Society and took the Mission Oath by which they pledge themselves to go to any part of the world where duty will call them. The new members are: Dr. Caroline O'Connor, Sr. Margaret Mary Van Agtmael, R. N., and Sr. Alma Lalinsky.

Dr. O'Connor is a graduate of the Ursuline Convent, Thurles, County Tipperary, Ireland, and the National University of Ireland, Cork. Dr. O'Connor and Dr. Dengel were medical students at the same time in Cork, but not of the same class. Before joining the Society Dr. O'Connor spent three years in South India as a Medical Missionary in St. Ann's Hospital, Kumbakonam, and several months in a government hospital in Calcutta.



Sr. Margaret Mary is a graduate of Mercy Hospital Training School, Muskegon, Mich. For the past few years she has been on the staff of St. Lawrence Hospital, Lansing, Mich, as supervisor. Sister Margaret Mary will sail for India in the course of the year to augment the staff of the Holy Family Hospital, Rawalpindi.

Sister Alma was graduated from McKinley High School, Canton, Ohio, and took a course for technicians in the Mercy Hospital of Canton. She is preparing now to take up the study of medicine for the Mission Field.

Two new candidates joined our Society recently.

VISITOR FROM THE MEDICAL MISSION INSTITUTE, WURZBURG, GERMANY

DR. ANNA ROGGEN from Cologne spent a day at the Catholic Medical Mission House on her way from Germany to St. John's Hospital, Springfield, Ill. From there she will leave for China at the end of the month to be the Mission Doctor of the hospital in Tsinanfu, which is being undertaken by the brave missionary band of Franciscan Sisters from Springfield. We wish the new Mission Hospital every success!

Address of our Missionaries in India: Holy Family Hospital, Murree Road, Rawalpindi, Punjab, India.

Indian girls are not happy unless they have a husband. These two native Catholic probationer nurses have already decided to enter the haven of matrimony.

MEDICAL MISSION NOTES

THE OPIUM PROBLEM

AT THE end of the Great War, it was estimated that the victims of the drug habit in several Western Countries constituted 2 percent of the total population, and in the Far East the figure was no less than 5 percent.

OPIUM SMOKING ON THE SLY

In China the number of opium smokers was estimated at 15 millions. This appalling figure brought about an Imperial Decree, commanding that the production, sale and use of opium should cease within a period of ten years. This measure had at first efficacious results, but since the Revolution in 1911 matters have become much worse. The military chiefs oblige the peasants to cultivate the poppy, because they derive a considerable revenue from the exportation of opium. In some districts, where formerly no opium was cultivated, there are hundreds and hundreds of mow's visible today. (A mow is 600 sq. meters and the average production of a mow is 3 kilogrammes of opium; the current price is about $1.00 for 70 grams.)

In India the picture is brighter. Though dens where opium is smoked exist in most of the large towns, opium smoking is not an Indian habit and is considered very disreputable. On the other hand, opium eating is a fairly common practice and not reprobated. It is considered quite harmless. The use of raw opium is not confined to any particular class or creed, to rich or poor, but the consumption among males is much greater than among females. There are very few casual consumers; the large majority are habitual. It is a general belief that opium protects children from the usual ailments of childhood and it is commonly given to them by parents and servants. The Royal Commission on opium found that the average consumption of opium per head had fallen from 27 grains in 1893 to 17.2 grains in 1925. The area under cultivation in British India is mostly in the United Provinces. It is now 74,000 acres, having been reduced by two-thirds in the past seven years. In the native states a considerable amount is still grown. It is now recommended that the limit of sale and private possession should be reduced to 12 grains, except as regards addicts, who can obtain a card for purchases of quantities up to 90 grains. As medical opinion considers a daily dose of more than 5 or 6 grains obviously harmful, this is a generous allowance. Thus, without inflicting undue suffering on the habitues and on the Chinese population in the north of India who are consumers, it is hoped to control the use of the drug.

The Catholic Church has taken up a definite stand within its own jurisdiction against the abuse of opium and other narcotics. During the past two centuries, opium in the East has been a stumbling block to the conversion of pagans and the perseverance of Christians. The greater part of the opium grown is for the export trade to Western Countries. It was on the initiative of President Roosevelt that the first International Opium Conference, at which thirteen nations were represented, was held at Shanghai in 1909. The League of Nations has since taken over control of all international agreements against the drug traffic. An International Catholic Conference will be held next summer, and it is hoped that it will open the eyes of Catholics all over the world to the general peril, whose extent and importance few seem to realize and whose ravages are steadily increasing.

PREVENTION OF ACCIDENTS — FRONT AND REAR LIGHTS FOR ELEPHANTS

A novel suggestion has been made by the Kandy (Ceylon) Municipality that elephants should be compelled to carry front and rear lights when using public roads after dark. The reason given is that an elephant cannot always be depended upon to obey the mahout and on the road it is a greater source of danger than a motor car.

THE SOCIETY OF CATHOLIC MEDICAL MISSIONARIES

Foundation and Approbation: The Society of Catholic Medical Missionaries was founded in September, 1925, in Washington, D. C., with the approval of His Grace, Most Reverend Michael J. Curley, D.D., Archbishop of Baltimore.

Purpose and Field: The purpose of this Society is to render medical aid, no disease or condition being excepted, to Christians and non-Christians in the officially recognized foreign Mission countries of the world.

Nature of Work: The vocation of a *Medical Missionary* is a combination of spiritual and corporal works of mercy. Having access by means of her profession, as Doctor or Nurse, to many with whom no other Missionaries can come in contact, she is afforded numerous opportunities to instruct the sick and their relatives in our Holy Religion, assist the dying, and to baptize infants in danger of death. By her charitable ministrations, she wins the love and confidence of the people and is thus enabled to break down prejudice and superstition, and prepare the way for their reception of the truth.

Scope of Work: The scope of the Medical work includes the provision and equipment of mission hospitals and dispensaries, medical schools, training schools for native nurses, infant welfare centers, plague camps, leper asylums and caravan dispensaries, which bring medical aid from village to village, also obstetrical work and visiting the sick in their homes, which are of primary necessity in mission countries.

Nature of the Society: The members of the Society live in community, in the spirit of evangelical counsels. After one year of probation, which is devoted to spiritual and missionary training, the candidates solemnly promise to keep the Constitutions and they pledge themselves by oath to remain in the Society for three years, to go without delay to any region or place whither they are sent by the Superior of the Society and to accept any employment assigned to them.

The Solemn Promise and Oath are renewed after three years for another period of three years, after which they are taken for life.

As members receive no salary, the Society makes provision for their maintenance in the same manner as other religious communities.

First Hospital: The first hospital opened by the Society of Catholic Medical Missionaries is located in the native city of Rawalpindi, Punjab, India, in the Mill-Hill Prefecture Apostolic of Kashmir and Kafristan, where the Mohammedan and high caste Hindu women are still strictly secluded and can only avail themselves of medical aid by women. Three of the pioneers of the Society are in charge of this Hospital, which was dedicated on December 14, 1927.

We will be pleased to hear from any women doctors or nurses who would like to devote their lives and profession to this missionary work.

As the Medical Apostolate in Foreign Mission countries entails many-sided activities, there is full scope for every talent. Non-medical Members can contribute to it greatly by social service, secretarial work, journalism, housekeeping, etc. Address:

DR. ANNA DENGEL,
Society of Catholic Medical Missionaries,
Bunker Hill Road and 16th Street N. E.,
Brookland, Washington, D. C.

LEAGUE OF GRATITUDE

Affiliated With the Society of Catholic Medical Missionaries

The keynote of the League of Gratitude as its name implies is gratitude, a real and profound sense of gratitude for the gifts of Faith and Health with which God has blessed us and which prompts us to bring these gifts to the inhabitants of Mission Countries, who are the victims of disease and much suffering.

Members pledge themselves:

1. To offer thanks to God frequently for the gifts of Faith and Health, and ask His blessing on the Medical Mission Apostolate.

2. To contribute towards this Apostolate through one of the Branches listed below:

Eucharistic Branch: To which belong Bishops and Priests who promise one or more Masses annually for the Medical Missionaries and members of the League.

Our Lady's Branch: Including Religious Brothers and Sisters who offer prayers for the Medical Missionaries and the members of the League.

St. Joseph's Branch: Those who contribute $500.00 or more to the works of the Society.

St. Luke's Branch: Those who contribute $100.00 to the same object, either in one donation or covering a period of years.

St. Anthony's Branch: Those who contribute $50.00 in one donation or covering a period of years.

Little Flower Branch: Those who contribute annually $1.00 or more to the works of the Society.

Junior Branch: Those students who contribute 10 cents.

In addition to the Masses and Prayers of the Members of the *League,* Benefactors are remembered daily at Holy Communion and in all the prayers and works of the Medical Missionaries.

He who soweth in blessings shall also reap of blessings. Everyone as he has determined in his heart, not with sadness or of necessity, for God loveth a cheerful giver. (*St. Paul, Lesson 2, Cor. 9 C.*)

With Ecclesiastical Approbation.

THANKSGIVING A LA INDIA

From time immemorial people of all classes and creeds expressed their thanks to an invisible power. In *Ancient Indian Life,* for instance, the peasants had their periods of relaxation and rejoicing. The ceremony of first partaking of the new rice, "Navanna," the fruit of their toil in the sun, rain and mud, the much-coveted blessing of God was attended with joy which only those who find their work done to satisfaction can find. Sometime in the month of Pausha, before cutting the ripened paddy, they would all go out on a picnic and, after bathing, put on new clothes, wear garlands of flowers and partake of a common feast. They would bow to Indra, the Rain God, in gratitude, and make merry with music and dancing. This festival has probably been handed down from Vedic times, when it was known as "Agrayana," but has unfortunately lost much of the sense of corporate life within recent times.

AN IRISH TE DEUM

"Thanks be to God for the light and the darkness;
Thanks be to God for the hail and the snow;
Thanks be to God for shower and sunshine;
Thanks be to God for all things that grow;
Thanks be to God for lightning and tempest;
Thanks be to God for weal and for woe;
Thanks be to God for His own great goodness;
Thanks be to God that what is, is so;
Thanks be to God when the harvest is plenty;
Thanks be to God when the barn is low;
Thanks be to God when our pockets are empty;
Thanks be to God when again they o'erflow;
Thanks be to God that the Mass-bell and steeple
Are heard and are seen throughout Erin's green isle;
Thanks be to God that the priest and the people
Are ever united in danger and trial;
Thanks be to God that the brave sons of Erin
Have the faith of their fathers as lively as aye;
Thanks be to God that Erin's fair daughters
Press close after Mary on heaven's highway."

Have you renewed your subscription to the Medical Missionary?